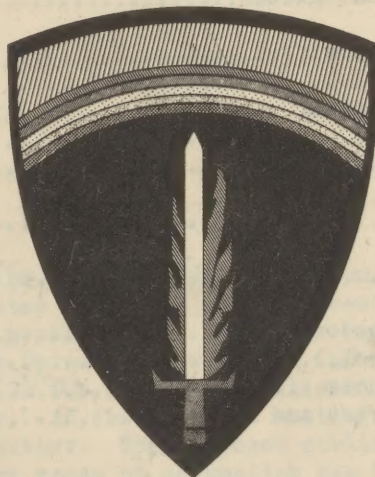


MILITARY GOVERNMENT OF GERMANY

PUBLIC HEALTH AND MEDICAL AFFAIRS



MONTHLY REPORT OF MILITARY GOVERNOR

U. S. ZONE 20 JANUARY 1946

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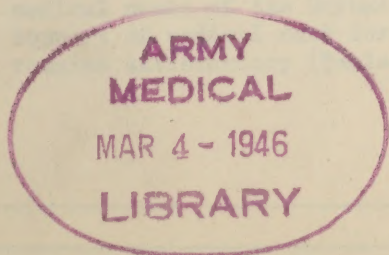


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SYNOPSIS

Previously planned transfers of the entire direction of medical affairs to German authorities progressed rapidly. Major operational difficulty due to lack of passenger and cargo transportation increased.

Success from immunization and other German preventive medicine measures, including handling of refugees, are indicated by decreased incidence of diphtheria, typhoid fever and infectious dysentery. Venereal diseases and scabies increased. Penicillin treatment for gonorrhea was generally instituted about mid-December. Anti-scabietics and soap were either insufficient or completely unobtainable. Therefore, reduction of scabies continued to be retarded.

No marked improvement in nutritional deficiencies appeared during the month, although evidence of substantial supplementing of prescribed ration scales was evident.

Civilian hospital facilities, which are taxed to dangerous limits, were moderately increased.

ALLIED HEALTH COMMITTEE

An inquiry from the Permanent Central Opium Board in Geneva was referred to the Allied Health Committee for study and recommendation. The introduction of this inquiry presented two problems: (1) An answer had to be prepared which, if possible, would furnish the Opium Board with the information that is available on opium traffic in Germany. (2) The committee initiated study of the larger problem of opium control in Germany. At the December meetings the Committee had reached no definite conclusion on either. The proposed publication of a German weekly medical journal for the four zones of occupation has been accepted in principle and will be studied in January.

At the first meeting of the Allied Veterinary Subcommittee of the Allied Control Authority on 17 December 1945, it was agreed unanimously that all members would forward to other national elements data on epizootic conditions in their respective Zones each month.

ORGANIZATION

Denazification

Denazification of the medical and related services progressed slowly in December. Because of continued difficulty in obtaining acceptable qualified replacements, 836 Nazis were removed as compared with 3,511 in November. A total of 31,237 German civilian medical personnel have now been vetted, with 28.7 per cent found unacceptable (Table I). Of personnel vetted during December only 15.6 per cent were found to be unacceptable. Sufficient civilian personnel for current medical needs of the German civil population continues to be available, and German support of medical care for displaced persons under direction of Military Government remains satisfactory (Table II). There is one doctor for every 1,150 German

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civilians as compared with one for 1,587 during October 1945.

In mid-December the distribution of German Prisoner of War medical personnel not yet discharged was as follows:

<u>Area</u>	<u>Med. Corps</u>	<u>Dent. Corps</u>	<u>Nurses</u>	<u>Orderlies</u>
TOTAL:	2,005	190	7,467	6,628
Third Army	1,328	127	4,176	3,909
Seventh Army	677	63	3,291	2,719

Personnel

United States medical personnel in Military Government detachments were reduced to the extent of 106 individuals or 39 per cent in December owing to re-deployment and to replacement by German civilians as the latter resumed satisfactory direction of public health. Further marked reductions to 1 March 1946 cannot be predicted, but by 1 June there should be no more than 33 officers, with only 17 officers anticipated at the end of June. Under current plans and schedules, all individuals will be redeployed by 1 April 1946 unless they express willingness to remain. Replacements are assuming responsibilities creditably and civilian operations have improved.

Deficiencies

The major operational deficiencies resulted from general shortages of medical supplies and of passenger and cargo transportation for civilian medical services. Essential reporting, delivery of specimens to laboratories and transmission of laboratory reports there-from, and bringing doctors and patients together have continued to be difficult and even impossible at times. In December efforts to eliminate shortages of 1,725 vehicles and of motor fuel required for essential health services have resulted in reducing the vehicle shortage to approximately 400, but the lack of sufficient fuel continues.

Reestablishment of German Operations

A conference was convened 14 December 1945 at Wiesbaden to stimulate uniformity of operations in all Laender of the United States Zone. The Chief German Health Officer of each Land presented his plan for organization and functions and outlined the major problems faced by civil authorities in resuming complete direction of health activities. These consist generally of difficulty in obtaining acceptable replacements necessitated by denazification; shortages of transport and motor fuel; insufficient medical supplies and hospital facilities; hazards of inadequate housing, fuel and food; and lack of public health training and experience on the part of available personnel.

As reduction in the number of Military Government medical personnel continued, German authorities subordinate to the Laender steadily increased their activities during December. They established generally satisfactory border control and systematic Regierungsbezirk reception centers for inspecting, disinfecting and isolation of sick refugees. They are rapidly taking over operation of the disease reporting system and plans have been initiated for German nutrition survey teams which would replace American teams. Arrangements were completed in December for an instruction course at Marburg in laboratory diagnosis of influenza and laboratory virus techniques, to be attended by a laboratory specialist from each Land. This course should improve the laboratories, since each attending specialist will be expected to acquaint other laboratory technical personnel of his Land with the improved and newer methods.

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PREVENTIVE MEDICINE

Communicable Diseases

Reporting of communicable diseases slowed somewhat when German authorities below Regierungsbezirke assumed responsibility therefore. Rates for venereal diseases and scabies increased sharply, but there was a decrease of diphtheria, typhoid fever, scarlet fever and infectious dysentery (Table III) during December as compared with November. (Charts I to VI). Reported incidence of gonorrhea has increased since penicillin became available for treatment of infected German civilians, and may continue for several weeks. This rise is believed due to more complete case finding which has resulted from the desire of civilians to take advantage of the new treatment. Scabies will continue at an unsatisfactorily high rate until sufficient soap, hot water and additional medicaments become available. Death rates from communicable diseases (Table IV), reports on which were initiated during October, had not become alarming by the end of the year. Infant mortality rates continued to be high but were reduced from those reported prior to November. Increased rations including sugars and cereals, have been obtained for infants.

Energetic German immunization programs (Table V) concentrated successfully upon diphtheria for children one to 14 years old, and upon typhoid fever for entire populations in Berlin and certain epidemic areas in Bavaria. They have now been directed also against smallpox throughout the Zone.

Potential communicable disease among refugees arriving in the United States Zone from the East are being controlled at many zone border stations, where German civilians are conducting thorough physical inspections. The refugees are quarantined when indicated and are given routine disinfestation with DDT powder prior to issuance of food or clothing ration cards. Those individuals who have gained unauthorized entrance can receive no ration cards until they submit to similar attention. The systems now appear to be satisfactory and adequate.

Only 32 isolated cases of typhus fever, 27 of them in Berlin, were reported during the month. They were notably limited to transients and produced no secondary infections. Trained civilian control teams throughout the Zone have been successful in all Kreise and at border stations. They have been supported by distribution of adequate control materials to each Regierungsbezirk, and have submitted replenishment requirements through June 1946.

A total of 32,674 civilian venereal disease cases reported in the United States Zone since 1 June 1945 included 25,883 cases of gonorrhea and 6,791 of syphilis. To meet a steadily increased incidence of gonorrhea, in early December 6,108 cases were treated with penicillin imported for the purpose. Insufficient means are available to German authorities for adequate treatment of syphilis. Importance of eliminating the reservoir of ^{venereal} syphilis infection existing in German civilians is emphasized by the high rate among United States troops.

Nutrition

The caloric value of the official rations as actually received (Table VI) decreased somewhat during December for certain consumer categories in some areas. There is evidence that rationed food, while below the minimum required for health, has been generally supplemented. Nutrition surveys (Table VII) showed that the normal consumers examined were consuming from 1,379 to 1,964 calories, averaging 1,832.

The records of street weighings carried out by the Germans themselves (Table VIII) are confirmed by weights carefully obtained by Military Government Nutrition Survey Teams (Table IX). Variations would be even less marked if the Germans had not used generally higher normal standard weights. The German records indicate a percentage deviation from normal standard average of +0.8 to -17.0, compared with

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American -0.4 to -12.0. The German records show male losses about equal throughout the Zone while the females' losses were more marked in the Western District. It is significant that both confirm previous records that the 20-39 year male group is not losing weight rapidly. There was general evidence during December of distinct improvement since August-September 1945, but slight retrogression when compared with November. Rickets is excessive in children, corrective measures for this have been undertaken. Increased vitamin A and riboflavin deficiencies were evident.

Sanitation

Little change has occurred with regard to water, sewage disposal, existing shortages of housing, and lack of fuel for heating water for public baths or other sanitation purposes. Sanitation measures in the larger cities are being generally retarded by lack of transportation.

Laboratories and Research

Sufficient laboratories exist for essential health operations, although lack of transportation, building defects and shortages of fuel impede normal functioning of laboratories. As mentioned earlier in this report, at least one laboratory specialist from each Land will soon report to a selected civilian laboratory for instruction in recent advances and techniques in virology, with particular emphasis upon influenza, and later will train additional German civilian laboratory personnel.

MEDICAL AFFAIRS

Dental Affairs

The furnishing of sufficient suitable dental supplies continues to be the major problem.

Examination of Aschaffenburg, Nuremberg and Wiesbaden civilians has revealed a high incidence of gingival disease, associated with very poor oral hygiene. This situation, however, is not believed to constitute a danger to American troops. The level of German dental treatment was considered to be inferior to American practice; nevertheless, the average number of teeth lost by German civilians at any given age did not differ significantly from the tooth loss among Americans in the lower income groups.

Nursing Affairs

There are sufficient trained nurses for hospital staffs at present, although nurses aides are used to supplement the nursing staff in practically all hospitals. The nursing situation continues generally satisfactory.

Hospitalization

Hospital bed capacity increased 15.5 per cent over November to a total of 150,469 beds. (Table X). A total of 225,000 beds are immediately necessary if the minimum of 15 beds per thousand population required to meet epidemic conditions is to be attained. The original level of 11.3 beds per thousand population in the Zone dwindled to 7.1 in the early days of occupation, but increased during November to 8.38 and during December to 9.9 beds per thousand population. (Table XI). In addition to current civilian and displaced persons requirements a total of 51,706 prisoner of war patients, equally distributed between Army areas are awaiting discharge. It is estimated that half of these will require hospital treatment by civilians under direction of

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Military Government, and would be discharged at a rate of approximately 2,500 per month under current plans of the Surgeon. From 90.26 percent bed occupancy in November a slight improvement to 87.3 percent occupancy has occurred in December. Because of current hazards of undernourishment, overcrowding and lack of fuel for heating and sanitation purposes, energetic effort has been directed toward overcoming the current inability of the Germans to increase their bed capacities. Efforts to assure reserve stocks from surplus or military sources, to be issued only under most extreme emergency were unsuccessful during December.

DISPLACED PERSONS AND REFUGEES

Medical Care in Centers

Medical care and sanitation in displaced person centers continued satisfactory, with disease rates low and individuals remaining healthy. UNRRA medical personnel under Military Government supervision were adequate and continued rapid improvement of the means for medical care and sanitation in displaced persons centers (Table XII). German medical personnel under Military Government supervision were employed in some instances. Instruction of personnel in methods of obtaining and proper handling of medical supplies continued. By General Order of 14 December 1945 the responsibility for medical care and sanitation within centers was transferred from Military Government to Army Commanders as of 1 January 1946. On request by commanders, Military Government will provide assistance as available.

Hospitalization

German authorities continued to furnish satisfactory supplementary hospital care for displaced persons. Close correlation of bed requirements for displaced persons and for the German Civil population will be necessary to insure cooperation and efficiency on the part of German hospitals and staffs.

Environmental Sanitation

Sanitation facilities continued to be satisfactory. The greatest problem where deficiencies exist continues to be administrative ability to obtain individual and community support in efforts to obtain desired sanitation.

Food and Nutrition

Surplus food continues to assure excellent nutrition standards among displaced persons.

Refugees

All responsibility for health measures applicable to refugees has been placed upon German civil authorities. In every Regierungsbezirk and at border stations up to date the Germans continue to justify the confidence placed in their performance as directed

MEDICAL SUPPLY

Extremely limited to depleted quantities of medical supplies are available. Insulin, alcohol, ether, sulfa drugs, narcotics, atropine, scopolamine,

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caffeine, theobromine, iodine, dextrose and glucose, disinfectants, silver and bismuth salts, medical and toilet and general purpose soaps, X-ray film and dental supplies continue to be major deficiencies. The most serious shortages are those of equipment needed in expansion of hospitals of articles required for treatment of any respiratory epidemic with serious complications, and of articles for treatment of venereal diseases. As noted above, however, penicillin is currently available for gonorrhea cases.

In absence of quadripartite approach, directives were issued 6 December 1945 for adequate civilian control of narcotics in the United States Zone and for adequate control of narcotics, poisons and alcohol in displaced persons camps and centers.

VETERINARY AFFAIRS

German Veterinary Personnel

Progress toward an acceptable and qualified civilian veterinary organization is rapid. Land Bavaria has acceptable officials throughout except for Regierungsbezirk Mainfranken and 14 Kreise. The appointment of Veterinary officers for Wuerttemberg-Baden and Greater Hesse, both of whom are selected, and the selection of ten Kreise officials, will complete German veterinary organization in the United States Zone.

Animal Disease Control

There were no serious problems in the Zone during December. No new report of foot and mouth disease was submitted. Animal disease incidence is recorded in Table XIII.

Meat and Dairy Products

Meat inspection in Bavaria was performed by 108 veterinarians and 2,186 lay inspectors; in Greater Hesse, 26 veterinarians and 1,135 lay inspectors; in Wuerttemberg-Baden, 29 veterinarians and 700 lay inspectors. There were 19,045 carcasses weighing 30,047,776 pounds inspected in Bavaria; rejections of 2.2 percent were due among other causes, to eight major diseases.

In Bavaria 90 percent of the milk processed in cities of 15,000 or more is pasteurized. The current handling of milk after pasteurization is careless and improper in many instances.

Veterinary Laboratories and Research

The Regensburg Medical Laboratory has engaged in a limited amount of meat and milk analysis during the month. Food analysis has progressed satisfactorily in the laboratories and there is evidence of improvement in operations.

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TABLE I
RESULTS OF VETTING GERMAN CIVILIAN MEDICAL PERSONNEL
UNITED STATES ZONE
(1 January 1946)

Category of Personnel	Totals		Eastern District (Bavaria)		Western District (Wuerttemberg-Baden and Greater Hesse)		Berlin a/ (United States Section)	
	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable	Acceptable	Unacceptable
TOTAL	22,289	6,948	11,819	3,981	7,681	2,467	2,789	500
Physicians	5,726	3,405	3,058	1,907	1,883	1,259	785	239
Nurses	11,006	737	5,738	339	3,967	380	1,301	18
Dentists	2,097	1,554	1,115	940	595	444	387	170
Midwives	1,908	316	1,026	222	785	94	97	0
Pharmacists	932	484	539	293	254	129	139	62
Sanitary Inspectors	106	10	38	10	0	0	68	0
Veterinarians	514	442	305	270	197	161	12	11

NOTE: a/ Denazification in United States Section of Berlin, initiated originally by the Russians prior to entry of United States Military Government, was resumed during November 1945.

b/ 76.2 percent of total vetted individuals have been found acceptable.

HEALTH AND MEDICAL AFFAIRS

TABLE II
DISTRIBUTION OF GERMAN CIVILIAN MEDICAL PERSONNEL
UNITED STATES ZONE
(1 January 1946)

Areas and Categories of Nazi Removed to Date	Physicians	Nurses	Dentists	Mid-wives	Pharmacists	Sanitary Inspectors	Veterinarians	Others
TOTAL	13,250	22,724	5,453	3,922	2,792	475	1,280	1,772
LAND BAVARIA	7,928	12,262	2,955	1,875	1,719	309	820	1,184
Mainfranken	901	1,860	400	404	205	8	88	150
Oberfranken und Mittelfranken	1,442	2,696	544	574	331	-	170	980
Neider Bayern und Oberpfalz	1,020	1,924	296	169	184	92	194	-
Schwaben	592	2,543	273	297	183	203	124	54
Oberbayern	3,973	3,239	1,442	431	816	6	244	-
LAND GREATER HESSE	1,738	2,745	664	987	346	12	234	-
RB Kassel	750	1,720	243	420	135	0	122	-
RB Wiesbaden	581	849	114	325	206	0	70	-
RB Hessen	829	1,239	550	447	108	12	120	-
LAND WUERTTEMBERG-BADEN	2,169	5,430	1,007	877	420	71	154	0
Baden Section	1,012	2,425	453	487	193	0	74	0
Wuerttemberg Section	1,157	2,905	554	390	227	71	80	0
BREMEN PORT COMMAND	389	759	270	86	106	15	49	228
BERLIN DISTRICT (UNITED STATES SECTOR)	1,026	1,519	557	97	201	68	23	360

RATIO: Average number of people served by each individual United States Zone:
1,150 670 2,793 3,884 5,456 Not estimated

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TABLE III

COMMUNICABLE DISEASE RATES
FOR UNITED STATES ZONE OF GERMANY
EXPRESSED AS CASES PER 10,000 PERSONS ANNUALLY
(Estimated Population 15,233,752)

1945 Week Ending	Typhus Fever	Louse Borne Relapsing Fever	Smallpox	Cholera	Flague	Anthrax	Diphtheria	Scarlet Fever	Tuberculosis Lung and Larynx	Tuberculosis Other	Whooping Cough	Meningitis	Meningococcus	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid Fever	Dysentery Infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Encephalitis Epidemic	Malaria	Influenza	Measles	Mumps
Six Month Average June-Nov. Inclusive	.96	-	-	-	-	.01	35.98	9.36	16.88	1.63	2.30	.23	.32	31.71	8.23	10.30	1.79	7.57	.25	.01	.82	30.05	.01	.05	.05	.05	1.00	.67	.06
8 Dec.	.37	-	-	-	-	-	43.59	8.19	20.06	2.55	2.82	0.41	0.17	51.48	13.16	7.41	0.78	1.36	0.03	0.03	1.87	43.15	-	0.07	0.24	1.84	0.37	-	
15 Dec.	.20	-	-	-	-	-	38.35	7.68	14.55	2.89	2.38	0.14	0.07	50.15	13.23	7.04	1.09	0.99	0.24	-	1.39	30.75	-	0.03	0.10	3.26	0.31	-	
22 Dec.	.48	-	-	-	-	-	43.32	7.65	15.36	2.73	1.77	.27	.03	53.07	12.49	7.54	0.85	1.47	.07	-	0.68	37.26	0.10	-	-	0.92	0.24	-	

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TABLE IV
DEATH RATES FROM COMMUNICABLE DISEASES
UNITED STATES ZONE OF GERMANY
Expressed as Deaths per 10,000 Population per Annum for Total Population of 15,233,752

Area, Period Covered and Disease	Typhus Fever	Louse borne Fever	Relapsing Fever	Small Pox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	Tbc lung and Larynx	Tbc other	Whooping cough	Meningitis	Meningococcus	Polymyellitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Encephalitis	Malaria	Influenza	Measles	Mumps
Total 29 Sept-26 Oct 45 Incl.	.01	-	-	-	-	-	-	2.50	.19	4.37	.22	-	.03	.02	.01	-	1.16	.10	.54	-	-	-	-	-	-	-	-	-	-	-
Total 27 Oct-30 Nov 45 Incl.	.01	-	-	-	-	-	-	2.63	.08	4.87	.29	.01	.06	.04	-	-	1.01	.05	.31	-	-	-	-	-	-	.01	-	-	-	-
LAND BAVARIA	.01	-	-	-	-	-	-	2.10	.09	2.95	.20	-	.06	.06	-	-	-	.83	.03	.01	-	-	-	-	-	-	-	-	-	-
Mainfranken	-	-	-	-	-	-	-	1.48	-	3.54	.11	-	-	-	-	-	-	.68	-	.11	-	-	-	-	-	-	-	-	-	-
Oberfranken und Mittelfranken	-	-	-	-	-	-	-	2.27	.19	3.50	.26	-	.06	-	-	-	-	1.49	.06	-	-	-	-	-	-	-	-	-	-	-
Nieder Bayern und Oberpfalz	-	-	-	-	-	-	-	2.74	.05	2.74	.22	-	.05	.11	-	-	-	.66	.05	-	-	-	-	-	-	-	-	-	-	-
Schwaben	.11	-	-	-	-	-	-	3.18	.11	2.41	.22	-	.22	-	-	-	-	.44	-	-	-	-	-	-	-	-	-	-	-	-
Oberbayern	-	-	-	-	-	-	-	1.08	.05	2.69	.16	-	-	.11	-	-	-	.70	-	-	-	-	-	-	-	-	-	-	-	-
LAND GREATER HESSE	-	-	-	-	-	-	-	2.52	-	3.84	.45	.03	.06	-	-	-	-	.42	.12	-	-	-	-	-	-	-	-	-	-	-
RB Kassel	-	-	-	-	-	-	-	2.51	-	2.78	.27	-	.09	-	-	-	-	.81	.18	-	-	-	-	-	-	-	-	-	-	-
RB Wiesbaden	-	-	-	-	-	-	-	3.17	-	5.71	.70	-	.09	-	-	-	-	.26	.09	-	-	-	-	-	-	-	-	-	-	-
RB Hessen	-	-	-	-	-	-	-	1.71	-	2.63	.23	.11	-	-	-	-	-	.11	.11	-	-	-	-	-	-	-	-	-	-	-
LAND WUERTTEMBERG-BADEN	-	-	-	-	-	-	-	2.59	.06	3.69	.44	.03	.03	.06	-	-	-	.41	.03	.03	-	-	-	-	-	.03	-	-	-	-
Baden Section	-	-	-	-	-	-	-	2.93	-	2.05	.15	.07	-	-	-	-	-	.22	-	-	-	-	-	-	-	-	-	-	-	-
Wuerttemberg Section	-	-	-	-	-	-	-	2.34	.11	4.91	.65	-	.05	.11	-	-	-	.54	.05	.05	-	-	-	-	-	.05	-	-	-	-
BREMEN PORT COMMAND	-	-	-	-	-	-	-	7.27	.18	5.96	-	-	.18	-	-	-	-	.56	.18	.18	-	-	-	-	-	.18	-	-	-	-
BERLIN DISTRICT (UNITED STATES SECTOR)	.13	-	-	-	-	-	-	4.94	.39	10.81	.26	-	.13	-	-	-	-	7.93	-	5.59	-	-	-	-	-	-	-	-	-	-

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HEALTH AND MEDICAL AFFAIRS

TABLE V
REPORTED VACCINATIONS AND IMMUNIZATIONS
IN UNITED STATES ZONE OF GERMANY
Cumulative to 1 January 1946

Area and Disease	Smallpox	Diphtheria	Typhoid	Scarlet Fever	Tetanus	Typhus
TOTAL	278,951	802,386	1,000,186	149,829	400	20,039
LAND BAVARIA	161,437	287,542	214,001	-	-	9,728
Mainfranken	-	61,440	43,480	-	-	-
Oberfranken und Mittelfranken	33,000	52,500	63,500	-	-	1,490
Nieder Bayern und Oberpfalz	29,741	48,164	73,591	-	-	744
Schwaben	45,000	45,900	2,520	-	-	-
Oberbayern	53,696	79,538	30,910	-	-	7,494
LAND GREATER HESSE	87,906	41,520	21,881	32,520	-	2,675
RB Kassel	56,600	14,930	5,840	14,930	a/	2,564
RB Wiesbaden	34,000	22,000	16,000	13,000	-	-
RB Hessen	3,306	4,590	41	4,590	-	111
LAND WUERTTEMBERG- BADEN	28,846	169,243	5,683	117,309	-	3,240
Baden Section	16,500	21,221	5,669	17,275	-	3,139
Wuerttemberg Sec.	12,346	148,022	14	100,034	400	101
BREMEN PORT COMMAND	a/	188,716	a/	a/	a/	a/
BERLIN DISTRICT (UNITED STATES SECTOR)	762	115,365	758,621	-	-	4,396
a/ Data not available.						

TABLE VI
CALORIC VALUE OF RATIONED FOOD, UNITED STATES ZONE
December 1945

Area and Consumer Category	0 - 1 Yrs	1 - 2 Yrs	3 - 5 Yrs	6 - 9 Yrs	10-17 Yrs	Normal Consumer	Moderate Worker	Heavy Worker	Very Heavy Worker	Nursing & Pregnant Women
Minimum Consumption Required for Health	1000	1500	1500	2000	2700	2000	2700	3200	3700	2700
Average Reported Rations for Zone	1747	1629	1629	1501	1349	1193	1536	1907	2408	2172
Third Army Area b/	1012	1265	1265	1531	1802	1567	-	2166	2810	2226
Seventh Army Area b/	1175	1184	1456	1388	1629	1308	1560	1796	2078	1746
a/ Berlin (United States Sector)	1747	1629	1629	1501	1349	1193	1530	1907	2408	2172

a/ Approximate correlation of categories.

b/ Average of two cities.

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TABLE VII
DAILY AVERAGE FOOD CONSUMPTION BY GERMAN CIVILIANS^{a/}
IN UNITED STATES ZONE DURING DECEMBER 1945
(Expressed in Calories)

AREA AND CATEGORY	0 - 2 Yrs	3 - 5 Yrs	6 - 9 Yrs	10-17 Yrs	Normal Consumer	Moderately Heavy Worker	Heavy Worker	Very Heavy Worker	Pregnant & Lactating Women
WESTERN MILITARY DISTRICT	1207	-	-	2089	1700	2189	2341	-	2106
EASTERN MILITARY DISTRICT	1689	1676	1815	2205	1964	-	2497	2784	2331
TOTAL U. S. ZONE	1448	1676	1815	2147	1832	2189	2419	2784	2218
BERLIN CATEGORY				0-15 IV	V	IV	II	I	Preg. & Lact. Women
BERLIN (U.S. SECTOR)				1862	1379	1857	2281	2759	2404

^{a/} Data based on Nutrition Surveys in four cities in Eastern Military District and two cities and four rural communities in Western Military District.

HEALTH AND MEDICAL AFFAIRS

TABLE VIII
GERMAN CIVILIAN WEIGHTS IN POUNDS a/
UNITED STATES ZONE
(Street Weighing Program - December 1945)

AGE GROUP	MALES			FEMALES		
	20-39	40-59	Over 60	20-39	40-59	Over 60
EASTERN MILITARY DISTRICT						
Number Weighed	931	757	429	764	540	352
Mean Weight (lbs)	136	132	131	129	126	123
Normal Standard (lbs)	147	152	153	128	137	138
Deviation (lbs)	-11	-20	-22	+1	-11	-15
from Standard (%)	-7.5	-13	-14	-0.8	-8	-11
WESTERN MILITARY DISTRICT						
Number weighed	3314	3550	1602	3784	2788	1486
Mean Weight (lbs)	138	135	131	121	120	115
Normal Standard (lbs)	147	152	153	128	137	138
Deviation (lbs)	-9	-17	-22	-7	-17	-23
from Standard (%)	-6	-11	-14	-5.5	-12	-17
TOTAL US ZONE						
Number weighed	4245	4307	2031	4548	3328	1838
Mean Weight (lbs)	138	134	131	122	121	117
Normal Standard (lbs)	147	152	153	128	137	138
Deviation (lbs)	-9	-18	-22	-6	-16	-21
from Standard (%)	-6	-12	-14	-4.7	-12	-15

a/ Weights computed on basis of 20,297 adults were obtained by German civilians.

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HEALTH AND MEDICAL AFFAIRS

TABLE IX
SUMMARY OF WEIGHTS OF 2,884 GERMAN CIVILIANS IN UNITED STATES ZONE
DURING DECEMBER 1945 a/

Age Group	20-39 Years	40-59 Years	Over 60 Years
MALES			
Number Weighed	672	819	271
Mean Weight (lbs)	139.2	134.1	134.1
Normal Standard (lbs)	142	146	147
Loss or Gain (lbs)	-2.8	-11.9	-12.9
Percent Deviation	-1.9	-8.3	-8.8
FEMALES			
Number Weighed	589	407	117
Mean Weight (lbs)	122.5	119.8	116
Normal Standard (lbs)	123	132	132
Loss or Gain (lbs)	-0.5	-12.2	-16.0
Percent Deviation	-0.4	-9.3	-12.1

a/ Data collected by Nutrition Survey Teams in two cities of the Eastern Military District and two cities of the Western Military District.

TABLE X
HOSPITALIZATION UNITED STATES ZONE
(1 January 1946)

AREA AND INFORMATION	Number of Hospitals	Number of Beds	Number of beds Occupied	Percent of Beds Occupied
TOTAL	916	150,469	131,363	87.3
LAND BAVARIA	474	79,892	75,386	94.4
Mainfranken	74	8,806	6,927	78.7
Oberfranken und Mittelfranken	124	17,199	17,199	100.0
Nieder Bayern und Oberpfalz	169	16,848	16,748	99.4
Schwaben	107	13,597	12,010	88.3
Oberbayern	a/	23,442	22,502	96.0
LAND GREATER HESSE	208	30,307	24,264	79.0
RB Kassel	61	9,504	6,946	73.0
RB Wiesbaden	78	10,550	9,058	86.3
RB Hessen	69	10,253	8,260	80.0
LAND WUERTTEMBERG BADEN	176	24,323	18,676	76.8
Baden Section	72	10,723	8,453	78.8
Wuerttemberg Section	104	13,600	10,223	75.2
BREMEN PORT COMMAND	20	6,071	5,000	82.4
BERLIN DISTRICT (UNITED STATES SECTOR)	38	9,876	8,037	81.4

a/ Not reported.

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TABLE XI
COMPARISON OF HOSPITAL CAPACITIES
IN UNITED STATES ZONE
PRE-WAR AND OCCUPATION

PERIOD:	1935-38	SPRING 1945			NOVEMBER 1945			DECEMBER 1945	
		POPULATION	BEDS	BEDS per 1000	POPULATION	BEDS	BEDS per 1000	BEDS	BEDS per 1000
AREA									
TOTAL		13,492,000	152,734	11.3	15,233,752	127,057	8.38	150,469	9.9
LAND BAVARIA		6,697,000	74,139	11.1 Aver.	7,295,680	63,450	8.70	79,892	11.0
Mainfranken		797,000	8,548	10.8	910,980	5,163	5.67	8,806	9.7
Oberfranken und Mittelfranken		1,824,000	17,800	9.7	1,898,220	12,294	6.48	17,199	9.1
Nieder Bayern und Oberpfalz		1,423,000	10,976	7.7	1,605,274	15,072	9.39	16,848	10.5
Schwaben		877,000	11,657	13.3-	949,043	8,858	9.33	13,597	14.3
Oberbayern		1,776,000	25,158	14.1	1,932,163	22,063	13.74	23,442	12.1
LAND GREATER HESSE		3,407,000	40,293	11.6	3,251,226	22,995	7.07	30,307	9.3
RB Kassel		1,150,000	11,066	9.6	1,159,153	7,506	6.48	9,504	8.2
RB Wiesbaden		1,281,000	18,401	14.3	1,181,602	6,224	5.27	10,550	8.9
RB Hessen		976,000	10,826	11.0 Plus	910,471	9,265	10.18	10,253	11.3
LAND WUERTTEMBERG-BADEN		2,939,000	32,338	10.8	3,328,750	25,607	7.69	24,323	7.3
Baden Section		1,186,000	13,264	11.1 Plus	1,420,750	9,279	6.53	10,723	7.5
Wuerttemberg Section		1,753,000	19,074	10.8	1,908,000	16,328	8.56	13,600	7.1
BRITISH PORT COMMAND		449,000	5,964	13.2 Plus	558,096	4,586	8.22	6,071	10.9
BERLIN DISTRICT (UNITED STATES SECTOR)		Not Available	Not Available	Not Available	800,000	10,419	13.02	10,026	12.5

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TABLE XII
STATUS OF MEDICAL MEANS
FOR MEDICAL CARE OF DISPLACED PERSONS UNDER UNRRA SUPERVISION
(1 January 1946)

	Doctors			Nurses			Dentists			Ambulances	
	Total	UNRRA	IP	Total	UNRRA	IP	Total	UNRRA	DF	Delivered	On Order
TOTAL	543	107	436	453	120	333	101	0	101	75	200
LAND BAVARIA	383	53	330	272	57	215	100	0	100	0	200 a/
Mainfranken Oberfranken und Mittelfranken	49	5	44	63	7	56	64	-	64		
Nieder Bayern und Oberpfalz	86	9	77	-	-	-	-	-	-		
Schwaben	16	16	-	23	23	-	0	0	0		
Oberbayern	136	7	129	124	7	117	26	-	26		
	96	16	80	62	20	42	10	-	10		
LAND GREATER HESSE	84	20	64	86	22	64				35	0
RB Kassel											
RB Wiesbaden											
RB Hessen											
LAND WUERTTEMBERG-BADEN	68	29	39	86	36	50	1	0	1	40	0
Baden Section	22	5	17	28	8	20	1	0	1	6	0
Wuerttemberg Section	46	24	22	58	28	30	-	-	-	34	
BREMEN PORT COMMAND	6	3	3	6	3	3	-	-	-	0	
BERLIN DISTRICT (UNITED STATES SECTOR)	2	2	0	3	2	1	0	0	0	0	0

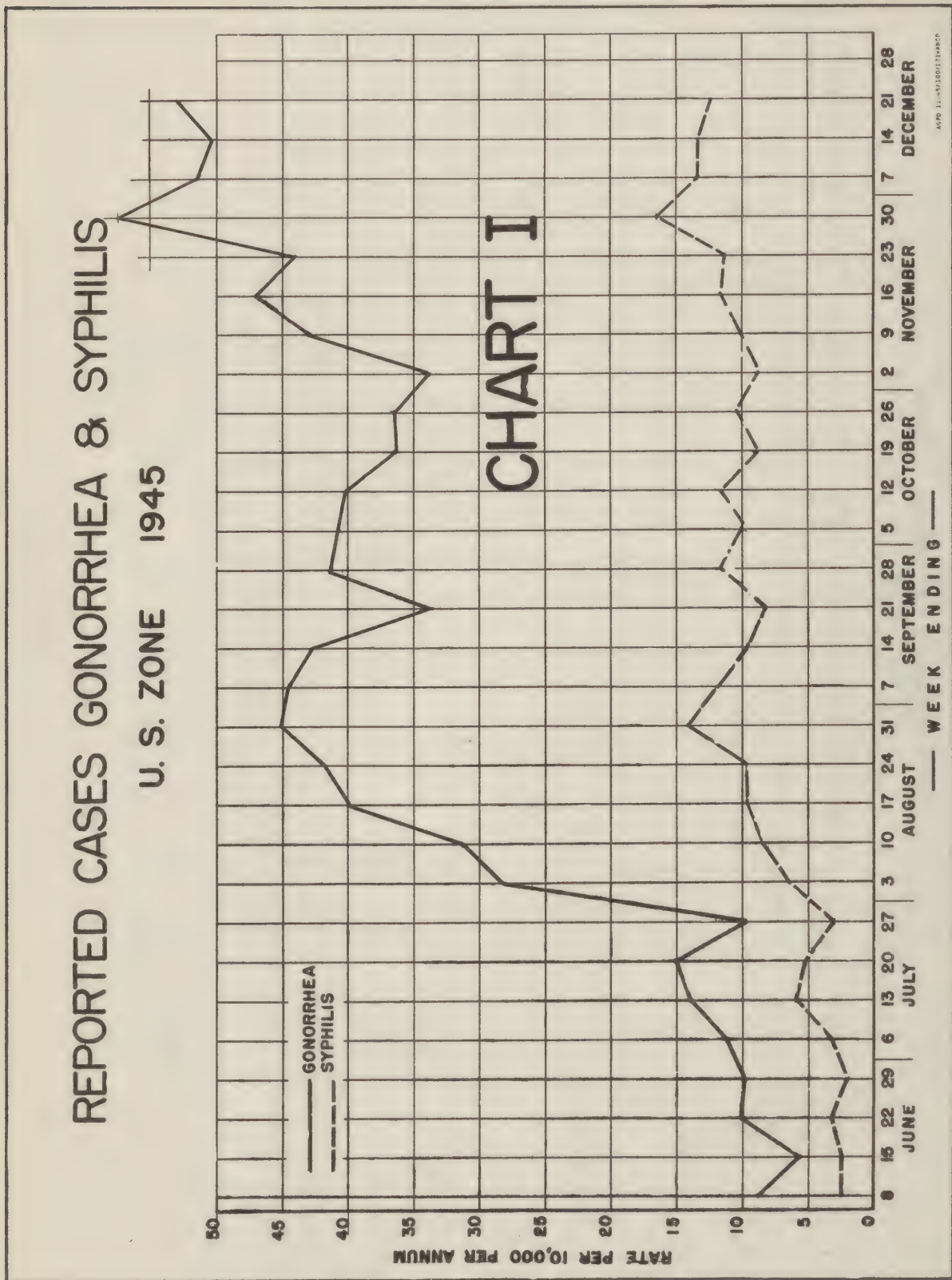
a/ These have been on order for several weeks but remain undelivered.

HEALTH AND MEDICAL AFFAIRS

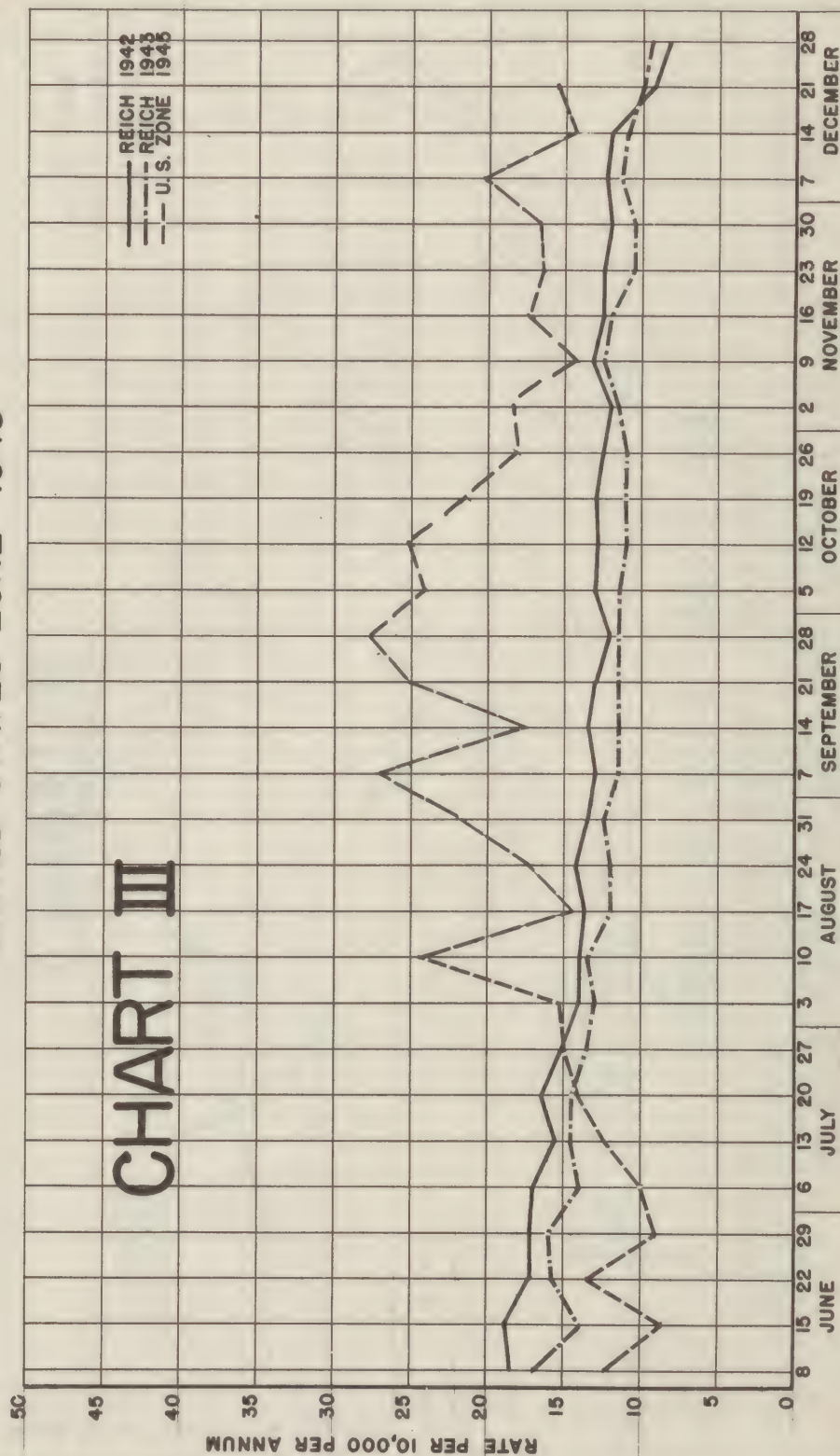
TABLE XIII
INCIDENCE OF COMMUNICABLE ANIMAL DISEASES
UNITED STATES ZONE
(1 January 1946)

AREA	Anthrax	Dourine	Swine Erysipeloid	Foot & Mouth Disease	Fowl Plague	Glanders	Hog Cholera	Scabies	Swine Encephalitis	Infectious Anemia	Borna Disease	Brucellosis	Bovine Tuberculosis
LAND BAVARIA	1	6	1056	5	306	1	74	253	1	7			12
Mainfranken			101					7					
Oberfranken und Mittelfranken			439		68	1		133		1			
Niederbayern und Oberpfalz		6	376		174		73	39	1	4			12
Schwaben			82	5	3			7		2			
Oberbayern	1		58		61		1	67					
LAND GREATER HESSE			153			1		17		4			
RB Hessen			51					14		3			
RB Wiesbaden			40			1							
RB Kassel			62					3		1			
LAND WUERTTEMBERG-BADEN			180					26			1	1	1
Baden Section			51					12					
Wuerttemberg Section			129					14			1		

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REPORTED CASES OF TUBERCULOSIS LUNGS & LARYNX
DEUTSCHES REICH 1942 & 1943
UNITED STATES ZONE 1945

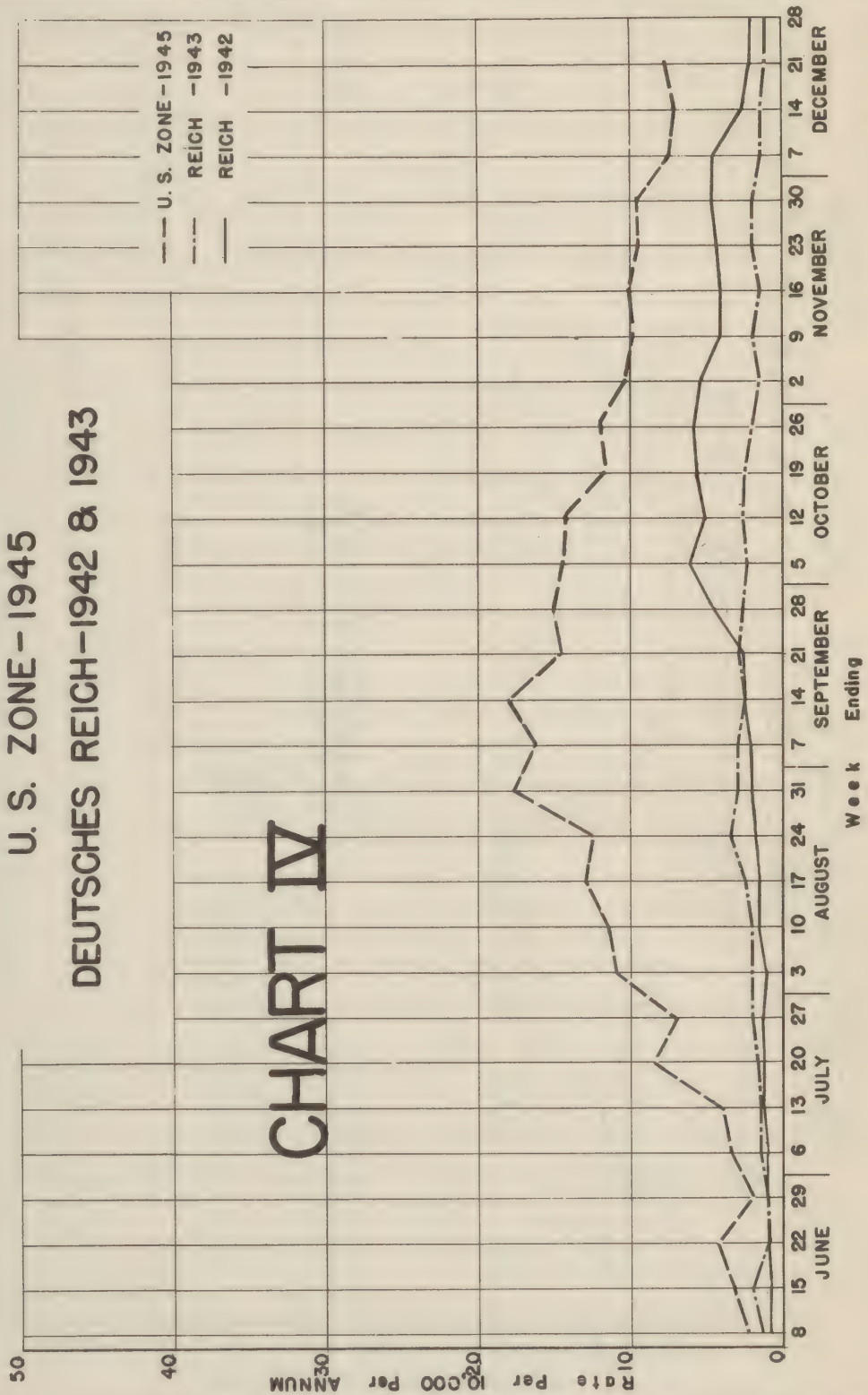


REPORTED CASES OF TYPHOID FEVER

U. S. ZONE - 1945

DEUTSCHES REICH - 1942 & 1943

CHART IV



MFD 11-5/100-111-A

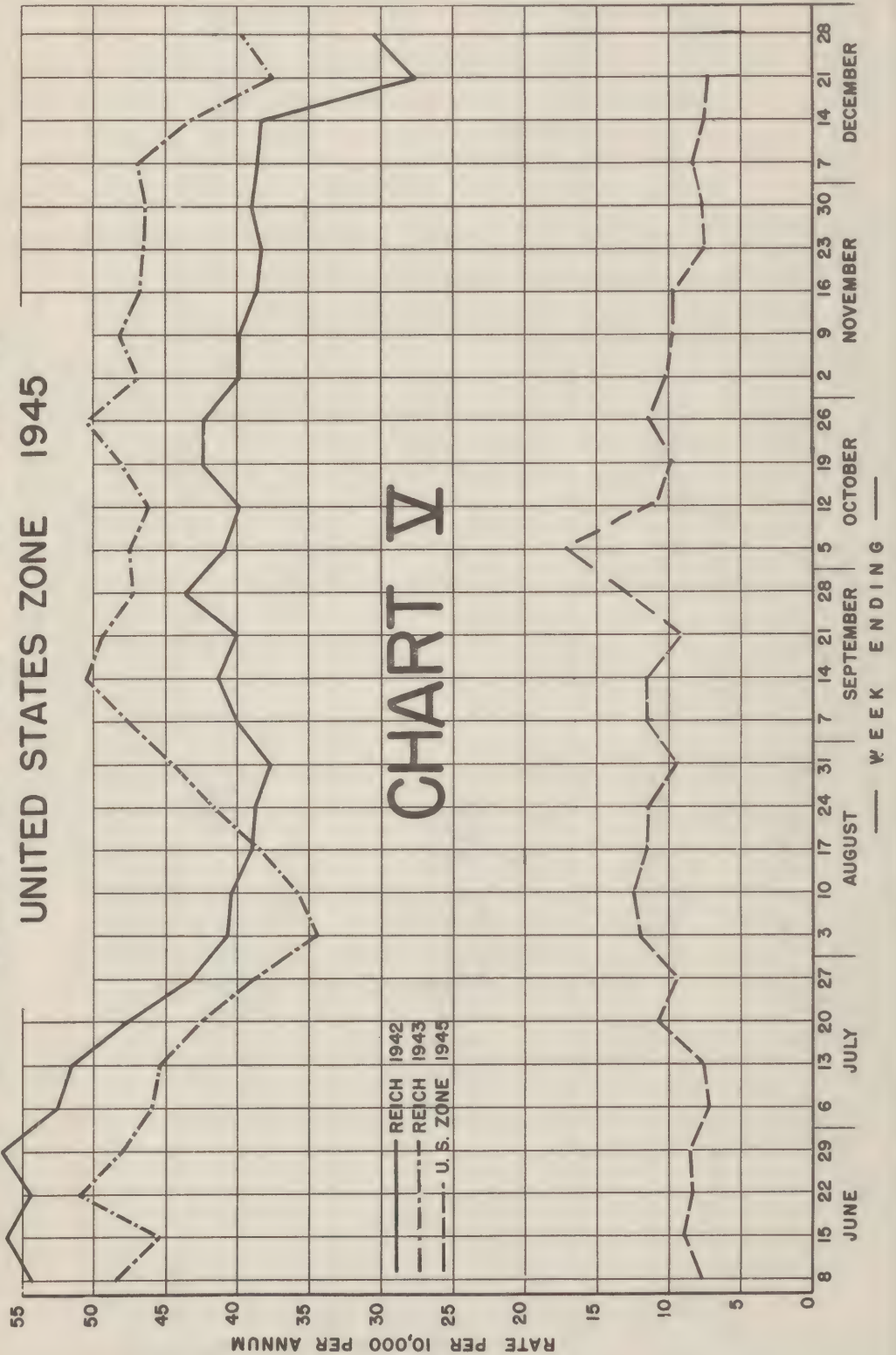
DECEMBER 1945

REPORTED CASES OF SCARLET FEVER

DEUTSCHES REICH 1942 & 1943

UNITED STATES ZONE 1945

CHART V



REPORTED CASES OF DYSENTERY
DEUTSCHES REICH 1942 & 1943
UNITED STATES ZONE 1945

